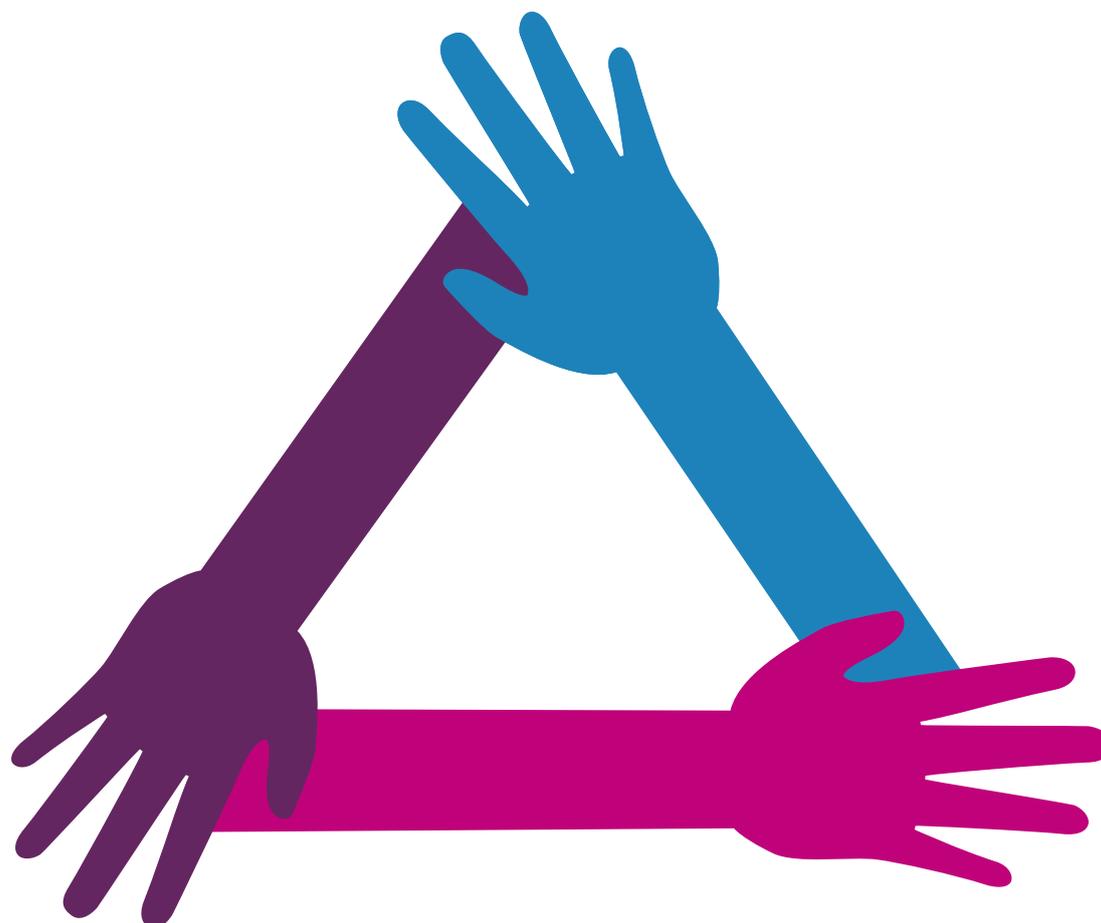


Service User



Professional

Family/Carers

Family and Carers

Strategy 2021-2024

Introduction

I am very pleased to provide the introduction for the Family and Carer strategy. This strategy sets out our vision for engaging, involving and supporting families and carers for the next three years.

I firmly believe that the contributions and involvement of families and carers needs to be embraced as part of the approach of any mental health organisation. Here at the South London and Maudsley NHS Foundation Trust we have continued to build on our previous family and carer strategy with this new strategy. It is the result of a year long consultation with a number of stakeholders including families and carers, local carer groups, Trust staff and Carers Leads.

The strategy helpfully sets out its purpose aims and priorities and most importantly a comprehensive implementation plan with clear goals and measurable outcomes.

Families and carers should always be treated as partners in the care of those they support as well as received the support they need to look after their own health. The Triangle of Care assessment recognises that working collaboratively between person using our services, the professional and carer promotes recovery and sustains well-being. Having this as an integral part of the strategy, highlights the importance of meaningful involvement and inclusion of families and carers that leads to better care and better outcomes for all.

We all can do our bit to help recognise, support, value and work with families and carers who make an amazing contribution. We need to acknowledge their expert knowledge and help in working alongside our staff to achieve the best outcomes for those who use our services.



**Rt Hon Sir Norman Lamb,
South London and Maudsley Trust Chair**



It is important mental health trusts include carers as partners, this strategy shows that SLaM have the focus of families and carers (Carer)

As a carer I look forward to even more collaborative working to enhance the lives of those in our care. Aided and guided by our Family and Carer strategy, providing so much scope for changing lives for the better (Carer)

Caring for someone with a severe mental illness is not a chosen path but driven by a wish to support a loved one's recovery (Carer)

The purpose of this strategy

The South London and Maudsley NHS Foundation Trust recognises the vital role that families and carers play, not only for the person they are caring for, but also for the organisation and our local communities. Many carers bring a wealth of personal experience, knowledge and skill to the Trust so therefore it is important that their strengths, both personal and social, and their levels of resilience, need to be recognised. This Strategy sets out our commitment to work together with carers, and enable them to have 'a life of their own' alongside their caring relationship; promoting their overall health, wellbeing, resilience and independence for both themselves and those they care for.

We know the most important thing that we can offer carers is good quality care to the people they care for. We need to offer service users the right care at the right time and to communicate well with them about the care we are providing but it is also essential that we listen and work alongside carers to help ensure the service users get the proper, truly appropriate care they need.

With the continued pressure on public spending and increasing numbers of people with mental health problems requiring support and care, it cannot be overestimated how much we need to recognise and value the amount carers and families contribute to the day to day support of people who use our services.

This strategy sets out our priorities for the next three years and is a renewed statement of our previous commitment to families and carers. It outlines how we will build on the foundations we have already established and how we intend to move further forward working with, and for families and carers.

This strategy should not be considered in isolation, as achieving the stated outcomes will be dependent on how it relates to other national and local strategies. This includes the Care Act, the Service Users Strategy (under development), the Trust's Changing Lives Strategy, The Carers Charter, the Think Family Strategy, the Trust's Quality priorities and the Triangle of Care initiative.

The Changing Lives Strategy highlights the statement "one fundamental shift that we want to make is to change the relationship with service users, carers and families at all levels" and "within three years we will routinely involve service users and carers in all aspects of service design, improvement and governance: and in all aspects of planning and delivery of each individual's care". The Strategy is currently under review and families and carers will be given a prominent role in identifying our core strategic ambition in determining what needs to change for the Trust to be truly excellent in the work we do for the benefit of service users their families and carers, the communities we serve and our workforce.

Carers Charter

The Carers Charter remains at the heart of the Family and Carers Strategy and was developed so that it could be displayed across the Trust showing our commitment to working with families, carers and people who use the Trust services. It will remain as the guidance about how we want to engage with families and carers in the Trust. It is included at the end of this document as Appendix A.

The better outcomes for my son have been achieved when professionals treat us as equal partners in the decision-making process (Carer)

Who is a Carer?

There are 6.5 million people in the UK who are carers, yet they often feel isolated - and they are seven times more likely to say they are lonely than the general population. They will be looking after a family member or friend who has a disability, mental or physical illness, or who needs extra help as they grow older. Many carers feel isolated and that their caring role is hidden. For many people, caring for a family member or friend does not have a name. It is just something you do. When talking about carers we are referring to supportive family members or friends - people who provide the help and care for those that need it. It can often be a struggle for such people to see their caring role as separate from the relationship they have with the person they care for but the Carers' Trust defines a carer as anyone who cares (unpaid) for a friend or family member who, due to illness, disability, mental health problems or addiction, cannot cope without their support. This strategy focuses on those families and carers who experience mental ill health and focuses on their experiences and needs.

The South London and Maudsley Trust recognises this broad definition of a carer, which includes people who may or may not be directly related to the person they care for. It can include anyone who is important in supporting people who use our services, including people in their wider social network. We recognise that some people are not comfortable with the word "carer", and prefer to see their role as part of what they do as a spouse, partner, parent, child, friend, or supportive member of their religious or cultural community. In this document, we also use the word "family" in its broadest sense, to include non-nuclear and blended families.

We also know that across the UK, one in five children and young people are carers. A young carer is someone under the age of 18 who helps look after a family member, or a friend who is ill, disabled or who misuses drugs or alcohol. They lose an average of 48 days of school as a result of their caring role and 23% of those young carers feel that their caring role has prevented them from making friends.

Asking a carer how they are doing? May seem simple but it can be very empowering.
(Ward staff Carer Champion)

Strategy development

The Family and Carer Strategy (2021-2024) is the result of a yearlong consultation process. During the past year the previous Family and Carer Strategy (2015-2019) has been reviewed with a number of stakeholders including families and carers, local carers groups, Trust staff and Carers Leads. Focus groups have been held, stakeholders interviewed and surveys circulated as to what people would like to see in a new strategy going forward.

Since the launch of our last strategy in 2015 our family and carer engagement has continued to grow and diversify despite remaining difficult to ascertain the exact number of carers involved with people who use our services. We reviewed the strategy by talking to staff, individual carers, carer groups and partner organisations. The priorities set out in this new strategy have been identified by those reviews and from asking people what they wanted to see going forward.

The Trust operates both inpatient and community services across the boroughs of Lambeth, Southwark, Lewisham and Croydon and addiction services in Bexley, Bromley and Greenwich. We also provide a number of national and specialist services.

With a large range of diverse services across the Trust, it is important to take into account the diversity of cultures throughout the Trust. When considering family and carers from minority ethnic groups, services need to understand the perception of what a "carer" is as the role can vary according to culture, spiritual belief and religion.

We need to acknowledge that the Trust is likely to have a significant number of staff who are carers. Although this has impact on their own caring responsibilities it does make the Trust think how best to take a proactive approach to staff who are carers.

With the COVID-19 pandemic, we recognise now more than ever, the important role families and carers play, who were already facing huge challenges caring for family members with often complex needs.

We have sometimes been frustrated when our views have not been sought, leading to an inappropriate diagnosis. However, it worked best for all of us when we felt included as part of a team and we were trusted to provide a more rounded, day to day picture of our loved one's stage of wellness (Carer)

Aim of the strategy

The Trust's overall aim is to continue to find ways of working with families and carers so they feel informed and engaged in the care of the person they support as much as possible. We will therefore work over the next three years to achieve the following:

- Communicate effectively with family, carers and friends
- Ensure that carers of those accessing our services are consistently informed as "expert partners in care" and involved in co-production and co-design of care and services.
- Ensure that carers are fully informed about all help and support available for them.
- Improve our identification of young carers and ensure that staff are confident and accomplished in involving, signposting and supporting them.

The underpinning framework with which we aim to work with families and carers has been set out by the Quality Centre. The Quality Centre is a network of clinical, operational, governance, commissioning and service user and carer leads meeting monthly with our academic partners to form a clinically integrated learning and quality management system, through which we will define and continuously improve our model of clinical care in order to optimise health outcomes for the populations we serve. The following the principles of the three C's are:

- Consultation – provide involvement opportunities (e.g. service user and carer forums)
- Co-design – working together with families and carers to devise improvements
- Co-production – professionals working with families and carers to lead and produce projects

Governance will play an integral role in the implementation and monitoring of the strategy. Although the main responsibility will rest with the Trust wide Family and Carer Committee which reports to the Trust's Quality Committee, the Trust Senior Management Team will be co-owners through the Director of Nursing, and need to be updated on its progress on a six monthly basis. Whilst the strategy will set out aims for services, one size does not fit all. Every family, carer and service user have their own individual and unique needs. The priorities have been acknowledged as to what families and carers want us to focus on but we will need to be flexible about how they can be executed in order to reflect the uniqueness of their individual circumstances.

In a large organisation with many changes of structure and personnel, carers provide essential continuity and vital long-term knowledge of their family member's recovery journey. (Carer)

Legal Responsibilities

Under the Care Act, 2014, carers are entitled to an assessment where they appear to have needs; this matches the rights to an assessment of the person being cared for.

Local authorities are responsible for carer assessments; however, Councils are allowed under the Care Act to arrange for alternatives such as other public sector organisations, charities or private companies to carry out assessments.

SLaM staff have the duty to identify and recognise those who have caring responsibilities and to ensure that they are informed of their right to discuss and assess their own needs. Staff will also have access to a range of information on the support that carers can receive via Local Authorities, voluntary and community organisations and universal services in the community. Carers will be given opportunity to complete their own Carers Engagement and Support Plan (CESP). This will be recorded on our electronic system and the reported via monthly operational directorates performance and quality reviews.

PRIORITIES

Identify and recognise carers

Many people do not recognise themselves as carer. They see themselves just as a relative, friend or neighbour who is helping someone. This means that carers sometimes miss out on the support they need. Early identification of family and carers is paramount and they should be encouraged to identify themselves and understand their rights. They should be guided to information and advice as early as possible in order to make informed decisions and understand the beneficial impact of their caring role.

What we currently do	What we will do	Actions by whom and when
<p>Record who is the identified family, carer or friend on our electronic patient system (EPJ) as the Carers quality priority.</p>	<p>Increase the recording and reporting of identified family, carer and friends and the Carer Engagement and Support Plan.</p>	<p>Services will increase the number of identified carers to 75% in the next year and will be monitored through the Deming report. The results will be reported at the bi-monthly Quality Committee in the performance and quality reports delivered by the operational directorates (supported by the operational directorate carers leads). The target of 75% was proposed by the Carers Leads and agreed at the Quality committee (July 2020). This target was set as realistic, and a progression of the gains made over the last year (up 20%) for staff to achieve. More work will be done with services to support accurate and more refined reporting. The aim is to have it closer to 100% recording of identified carers in 21/22.</p> <p>This will be reported at the bi-monthly Quality Committee in the performance and quality reports and delivered by the operational directorates (supported by the operational directorate Carers Leads).</p>
<p>The Carer Engagement and Support Plan is offered to carers (CESP).</p>	<p>Monitor through Deming reports. Currently 29% of identified carers are offered a CESP.</p>	<p>The aim is to have 75% recording of those carers offered a CESP by the end of 2021 and work towards 100% by 2022. This will be reported at the bi-monthly Quality Committee in the performance and quality reports and delivered by the operational directorates (supported by the operational directorate Carers Leads).</p>

<p>Have a number of Carer Champions (staff who have an identified role to support carers) on wards and in some community teams.</p>	<p>Increase the number of Carer Champions on wards and in community teams. A baseline will be created and a target set of 50% increased number of carers champions by end of 2021.</p>	<p>Update the number of Carers Champions at the monthly Carers Leads meeting - identify any gaps and instruct Carers Leads to work on creating new Champions in those areas.</p>
<p>Offer carers to feedback on their experiences through the Carers Experience Survey The carer survey features the Friends and Family Test (FFT) question, which is currently reported at Performance and Quality (P&Qs) in with the patient FFT numbers.</p>	<p>Work with the Patient Experience Manager to separate out patient and carer responses, so we can see the carer specific result and response rate. This year the patient experience survey links will be added to a new feature on BETH (new online platform) and we are exploring other digital solutions, i.e. making the surveys available on the public-facing trust website. In 2021 the Patient Experience Data Intelligence Centre (PEDIC)/Smart Survey contract will be retendered and we will make sure carers are fully involved in this process to understand best ways for them to give feedback.</p>	<p>Ensure the Patient Experience Manager regularly attends the Carers Leads meetings to be given feedback. We will introduce a specific section in the quarterly experience reports on carer experience, where we will report it separately to patient feedback. Carers Leads will provide feedback on their actions in response to feedback to include the 'you said, we did' format.</p>
<p>Link with the Think Family Committee</p>	<p>Link even more closely with the Think Family Committee and discuss ways to do joint projects and information sharing.</p>	<p>The Chairs of the committees will attend the respective meetings and plan a joint conference in the latter part of 2021.</p>
	<p>New Projects: Work with carers groups to understand how spirituality can be important to them in their caring role.</p>	<p>The Family and Carer Committee will set up a sub group to understand the spiritual needs and preferences of carers. The committee will consider the recommendations that come out of the group and create an implementation plan within the first year of the strategy.</p>

	Work with diverse communities and identify networks of minority carer groups. Ensure processes are in place to listen and support carers from different backgrounds including languages (where English is not the first one) using existing links and networks. This will be monitored with the help of the Trusts Equality Manager and local carer organisations.	Work with the Patient Information Lead of the Trust to ensure any information that is produced for carers and families is written in plain English and available in a variety of languages - ongoing.
	Develop family and carer awareness training for staff.	Work with the Training and Education Department to develop family and carer awareness training for staff. Under the Triangle of Care assessment all inpatient teams will receive training in the first year of the strategy. Year 2 will train community staff– ongoing.

Communicating with and involving families, carers and friends in care

Communicating and understanding what services were available and how they all worked was crucial in my role as a carer. It felt good to be supported. (Carer)

Carers continue to tell us that they need to be communicated with more effectively. One of the biggest barriers to carers not feeling engaged with services is the lack of communication. They need timely and accurate information. They need information about what support is available to them. They want to know who to contact and what information can be shared with them and to have open and frank conversations about confidentiality and information sharing.

What we currently do	What we will do	Actions by whom and when
Carers information such as welcome packs, support group information is provided on ward and community notice boards and on our Trust website.	Develop more information leaflets for carers and make sure they are readily available and regularly updated and promoted.	This will be overseen by the Carers Leads and local Champions. Later in the year this will be assessed via the Triangle of Care.
The family and carer views can be recorded on a person's care plan.	Within the first year of the strategy the family and carer views in the Community Care plan will be audited. A baseline of carers views will be established and recommendations for a target will be made following the results of the audit.	During 2021 we will work with carers and services, particularly Clinical Information colleagues, to develop further documentation that captures carers views and wishes.
Carers views have been taken into consideration in the development of any new EPJ documentation.	Work with carers to learn about, and use the new online platform called BETH connecting carers to services. Run quarterly sessions for carers.	Clinical Information colleagues will run training sessions for carers on an ongoing basis and provide "train the trainers" sessions for Carers Leads and Carers Champions. Quarterly sessions will be run.
Carers are included in the Trust's Involvement Register (IR).	Increase the number of carers registered on the Involvement Register.	Use the Carers Leads to promote the register on a regular basis and advertise through the Carer Champions networks – ongoing. Provide yearly updates of the numbers to the Quality Committee.
We currently have a carer as Co-Chair of the Trust Wide Family and Carer committee and a carer on the Trust wide Quality committee.	Endeavour to increase carer representation on Trust wide strategic committees.	Audit the presence and number of carers on Trust committees in the first year of the strategy. Make recommendations to services to increase participation and within the second year of the strategy have the opportunity for carer representation on Trust wide strategic meetings.

<p>The Quality Improvement (QI) team provides opportunities for carers to be involved in local and Trust wide quality improvement initiatives.</p>		<p>PPI and Carers Leads to work with the Service User, Family and Carer coordinator in the Quality Centre. Increasing service user and carer involvement in projects is one of the Board Assurance Framework (BAF) risk assurance mechanisms for involvement and will be measured on a regular basis through the Quality committee. The measurement will be the number of projects that have carer input both codesigned and coproduced – aim to increase by 50% on current involvement within the first year of the strategy.</p>
	<p>New Projects: Conduct a survey of carers on the Involvement Register to ascertain the personal impact and outcome of their involvement activity.</p>	<p>To be carried out by the Involvement Register Manager and Coordinator within the first year of the strategy.</p>
	<p>Create information that the Carers Champions can use in induction packs and sessions for carers.</p>	<p>Carers Leads to work on with the Champions to create some Trust wide consistency. Ongoing as will need regular updates and additions.</p>
	<p>Carers Leads and Trust Patient Information Manager to do yearly reviews.</p>	
<p>N.B. the above priority particularly links to the strategic aim of ensuring that carers of those accessing our services are consistently informed as “expert partners in care” and involved in co-production and co-design of care and services.</p>		

Delivering training to staff with a carer from our involvement register made the sessions so much more powerful. I watched my colleague’s eyes light up as she shared her experiences. It made the message we were trying to convey real, vivid and achievable. (Carers Lead)

Support for families, carers and friend's health and well being

Many carers need professionals to have an awareness of, and be sensitive to, their needs as carers. We should give due prominence to the realities of life as a carer and family member of someone with mental illness. These experiences can be very challenging and they include the continuing and ongoing stress and worry involved in their caring responsibilities. We must not forget that carers have their own needs too and we need to be alert and responsive to those needs, especially their health and wellbeing.

What we currently do	What we will do	Actions by whom and when
Hold an annual family and carer listening event.	Continue with the annual listening event and its name, content and proposed outcomes will be reviewed and updated by the Trust-wide Family and Carers Committee.	Family and Carer Committee to oversee and develop the programme on an annual basis to ensure that as many aspects as possible of caring for service users are covered.
Have a page on the Trust website outlining carer support.	The page will be regularly updated.	This will be done by the Trust Information Manager.
Have Carer Champions on wards and community teams who run carer information and support groups.	Develop good practice examples of carer support groups to share. The aim is for all wards to have carer champions running support groups.	Carers Leads to regularly update at committee meetings. Any new developments to be posted on the Trust website and circulated through carer groups.
Feature an annual "Think Family, Carer and Friends" month every November in the Trust's staff newsletter.	Continue to promote "Think Family, Carer and Friends" month every November in the Trust's staff newsletter to share good practice examples, carers' stories and promote carer initiatives.	Annual event in November to be organised by the Family and Carer Committee.
Provide courses that families, carers and friends can attend at the Recovery College.	Ensure the Recovery College courses are advertised and promoted to families, carers and friends.	At the start of each new term, Carers Leads will promote and advertise the new Recovery College prospectus amongst their networks - ongoing.
Provide carers coaching courses.	Promote and publicise the carers coaching course.	Carers Leads to promote when the courses are running - ongoing.

	New projects: Work with families, carers and friends to coproduce guidance on “planning for the future”.	Set up a subgroup of the Family and Carer committee to produce the guidance by the end of the first year of the strategy.
	Promote stories of carers and families who are supported and have achieved positive outcomes for themselves/ cared for person or wider family.	Ongoing by all in a variety of forums e.g. Carers Week, Think Family, Friends and Carer November month, The annual listening event. Carry out a “you said, we did” exercise to assess the benefits of these projects.

I love being a carer’s champion as I can be the link between the patient, team and carer. I find it rewarding that I can support carer’s at a distressing time and minimise their stress to ensure that they know we are giving their family the best possible care. (Ward Carers Champion)

Young carers

Young carers are a too often hidden and marginalised group, particularly children caring for family members with mental illness or a substance misuse. We currently don’t know enough about young carers in SLaM and need to improve our identification of who they are to enable us to support them. It is important for our staff to feel they have the skills to identify young carers and have the confidence to aid them in the work they do.

What we currently do	What we will do	Actions by whom and when
Ad hoc identification of young carers	Consult with young carers and coproduce tailored information leaflets for when their loved one is admitted or referred to services. We will use the expertise of the Think Family working party who developed a suite of literature for families and children.	Carers Leads to link with local Young Carers groups to ask for representation for a working group – within three months.

	Work with local young carers groups (many of whom do outreach in schools) to roll out specific young carers "awareness training" for staff, using the good practice guidance issued by the Triangle of Care for young carers and young adults carers.	Carers Leads to develop training with local Young carers groups within the first year of the strategy to increase our knowledge of what young carers do and what they need. The target is one event per borough in the first year.
	Coproduct with young carers a section on the Carers Information section of the Trusts website specifically aimed at young carers.	Carers Leads to work with local young carers groups to create information for the Trust website within the first year of the strategy.

Triangle of Care

Triangle of care is a partnership model between a service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. It was developed to address the clear evidence from carers that they need to be listened to and consulted more closely.

Triangle of Care Key Standards

- Carers and the essential role they play are identified at first contact or as soon as possible thereafter
- Staff are "carer aware" and trained in carer engagement strategies
- Policy and protocols regarding confidentiality and sharing information are in place
- Defined post(s) responsible for carers are in place
- A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway
- A range of carer support services is available

In the previous strategy, we said we would work towards adopting the Triangle of Care model and although many of the principles have been adopted nothing was formally assessed. Going forward we will register in the Triangle of Care membership scheme which starts with a sign-up commitment to completing assessment of inpatient services and crisis resolution home treatment teams in the first phase of the assessment within 12 months from joining Triangle of Care. Triangle of Care recommend a stepped approach moving towards the second star focusing on community teams in the second year. Within SLAM we will work with all teams including community teams from the start of the strategy to measure the identified priorities.

Monitoring and Implementation

I think it is key for Mental Health Workers to recognise, that although we play an important role in supporting Service Users' health and wellbeing - it is the people they love and the people who love them that really make the difference. (Carers Lead)

The Trust wide Family and Carer Committee will be responsible for monitoring the progress of the strategy. This committee reports to the Trust's Quality Committee. The Trust Senior Management Team will be co-owners through the Director of Nursing. For each section there has been an outline as to the intended timeframe and what we intend to achieve under each heading

The targets identified in the priorities section will, along with the Triangle of Care assessments, form the basis of the how we measure the progress of the strategy.

The Triangle of Care self-assessment process is only one platform by which we measure our success but does provide a good external validation process. In the first year we aim to have achieved a star rating under the Triangle of Care external assessment process. Once this is achieved, we will aim for a second star in the second year of the strategy which will focus on community services. In the third year of the strategy we will conduct a review and action plan to consolidate on all the identified actions not yet achieved.

The Carers Leads are responsible for the implementation of the strategy in their operational directorates and will work with their executive team to support the development of local action plans, including the Triangle of Care assessment process. Any resource implications will need to be identified in those action plans, agreed in the Directorates and escalated to the Director of Nursing where appropriate. The priorities and action plans identified in the strategy, will be monitored through the Carers Leads meetings and overseen by the Family and Carers Committee for oversight with the support of the Director of Nursing. Twice yearly reports will be presented to the Quality committee. We will continue to give further thought as to what regular information should be included in the revised Performance and Quality report on carers.

Measurable outcomes for service users as a result of this strategy are important. The Family and Carers Committee working alongside the Service User Committee (who are developing the service user involvement strategy) will make recommendations as to how and what should be measured going forward. These recommendations will go to the Executive team, the Quality Committee and the Trust Board. We look forward to making this Family and Carer Strategy a living document which will galvanise the presence and importance of families and carers in ensuing service users and their families and carers get the care and support they all need and deserve.

Appendix

Our Carers Charter

If you provide care or support to a friend or family member, our Carers Charter means:

- your essential role and expertise is recognised, respected and encouraged
- you are given the information and advice that you need to help you provide care
- where possible, you are involved in the planning and agreement of the care plan for the person you support
- your needs are recognised and responded to through a Carers Engagement and Support Plan
- you receive appropriate help and support when you need it
- you are actively involved in the planning, development and evaluation of services
- you know what you are entitled to expect from services.

(full version available on the Trust website www.slam.nhs.uk/carers)

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